

Combined Building and Site Condition Assessment

Inspection

Inspection date time AM PM

Inspector
Affiliation

Area Inspected
 Exterior Only
 Exterior and Interior

Page 1 of _____
Final Posting
from Page 2 Inspected
 Restricted Use

Property Description

Building Name
Address
.....
.....
Number of stories above ground below ground
Approx footprint area (square feet)
Number of residential units

Type of Construction
 Wood Frame Manufactured Boat
 Steel Frame Brick Other
 Concrete Stone
Primary Occupancy
 Dwelling Industrial
 Other Residential Government
 Public Assembly Museum
 Emergency Services School
 Commercial Religious
 Offices Cemetery

Occupied?
 yes no
Repairs begun?
 yes no
Owner/Contact Info
.....
.....
.....

Property Location Data:

	Location 1	Location 2	Location 3	Location 4	Location 5
Collect GPS data if possible, in decimal degrees using NAD83 datum (+/- 3 meters) <input type="checkbox"/> use minutes:seconds	Data N				
	Data W				
Description					

Potential Hazards

Is it possible to enter the building or site? yes no
Is it **Safe** to enter the building or site? yes no

Electrical yes no
Chemical yes no
Mold yes no
Asbestos yes no
Lead yes no
Other yes no

Comments
.....

Characteristics

Building Age 0- 25 yr 25 - 50 yr 50 -100 yr 100+ y Verified Reported Estimated
Foundation Raised Pier Slab Other
Roof Type Hipped Gable Mansard Pyramid Flat Other
Roof Covering Slate Metal Tile Asphalt Asbestos Other
Wall finish Stucco Wood Vinyl Masonry Asbestos Other
Landscape Features Walkway Driveway Fences Sculpture/Fountains Retaining Walls Structures Other
Archaeological Site Yes No On SHPO List Unknown Other
Visible Artifacts Bone Pottery Metal Stone Glass Unknown Other
Interior Condition Structural Damage Mold/Mildew Falling Plaster Sediment/Soil Hazards
Interior Contents Antiques Archives Art Work Other

Significance

Does this property appear historic? (older than 50 years) yes no don't know
Is there a sign or plaque? yes no don't know
Do exterior features display a high level of craftsmanship? yes no don't know
Do interior features display a high level of craftsmanship? yes no don't know
Is the building located in a neighborhood or district of similar building style? yes no don't know
Does the setting (yard, fencing, garden walls, etc.) make this building unique? yes no don't know
Identifiable architectural style/features? (Check all that apply.)
 Colonial: English/French/Spanish Italianate Queen Anne Art Deco/Art Moderne
 Georgian Romanesque Shingle Modern/International
 Federal Renaissance Revival Arts & Crafts/Bungalow Vernacular/Local Style
 Greek Revival Eastlake Beaux-Arts Don't know
 Gothic Revival Second Empire Prairie Other
Designation Nat'l Hist. Landmark/District Nat'l Register/District State/Local Nat'l Register Eligible Other

Comments



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Site Evaluation

Other/Comments

Topographic	<input type="checkbox"/> Slope	<input type="checkbox"/> Steps/Terrace	<input type="checkbox"/> Walkways	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Unique features	<input type="checkbox"/> Pool	<input type="checkbox"/> Fountain	<input type="checkbox"/> Fence	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Retaining Walls	<input type="checkbox"/> Masonry	<input type="checkbox"/> Stone	<input type="checkbox"/> Wood	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Small Scale Structures	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Pergola	<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Vegetation	<input type="checkbox"/> Planting beds	<input type="checkbox"/> Hedge/Shrub	<input type="checkbox"/> Tree	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Is Archaeological Material Present?	<input type="checkbox"/> on/eroding from ground			<input type="checkbox"/> no	<input type="checkbox"/> unknown	<input type="checkbox"/> other	.....
Does material include bone?	<input type="checkbox"/> yes			<input type="checkbox"/> no	<input type="checkbox"/> unknown	<input type="checkbox"/> other	.....
Comments	.....					

Flood Data

Nature of Water Standing Flowing Ground Water Seepage Water Marks Other

Space where Water Entered Basement/Crawl First Floor Second Floor

Depth of Water Measured from First Floor

Sediment on Site Deposited Eroded Unknown None

Exterior Evaluation

Standing water	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Collapsed or off foundation	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Foundation Damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Building leaning, other structural damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Missing architectural features	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Porch damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Siding Damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Damage to windows, doors	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Shutter damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Balcony damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Cornice damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Roof Damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Chimney, Parapet, or Other Falling Hazard	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Electrical, Mechanical, AC Systems	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Graffiti, vandalism, evidence of looting	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....

Interior Evaluation

Interior Condition	<input type="checkbox"/> Structural Damage	<input type="checkbox"/> Mold/Mildew	<input type="checkbox"/> Falling Plaster	<input type="checkbox"/> Sediment/Soil	<input type="checkbox"/> Hazards.....
Ceilings	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
First Floor flooring	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
First Floor structure	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
First floor walls	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....
Damage to upper floors	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	.....

Contents Evaluation

Is the site or building used as: Archive Art Museum Gallery Historical House Museum Library [.....

Is there evidence of collections present? yes no don't know

Damage to collections: Minor/None Moderate Severe.....

Comments

Recommendations, Comments

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Final Posting

Inspected Restricted Use Unsafe Further Evaluation

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Building Name

Address

Inspector

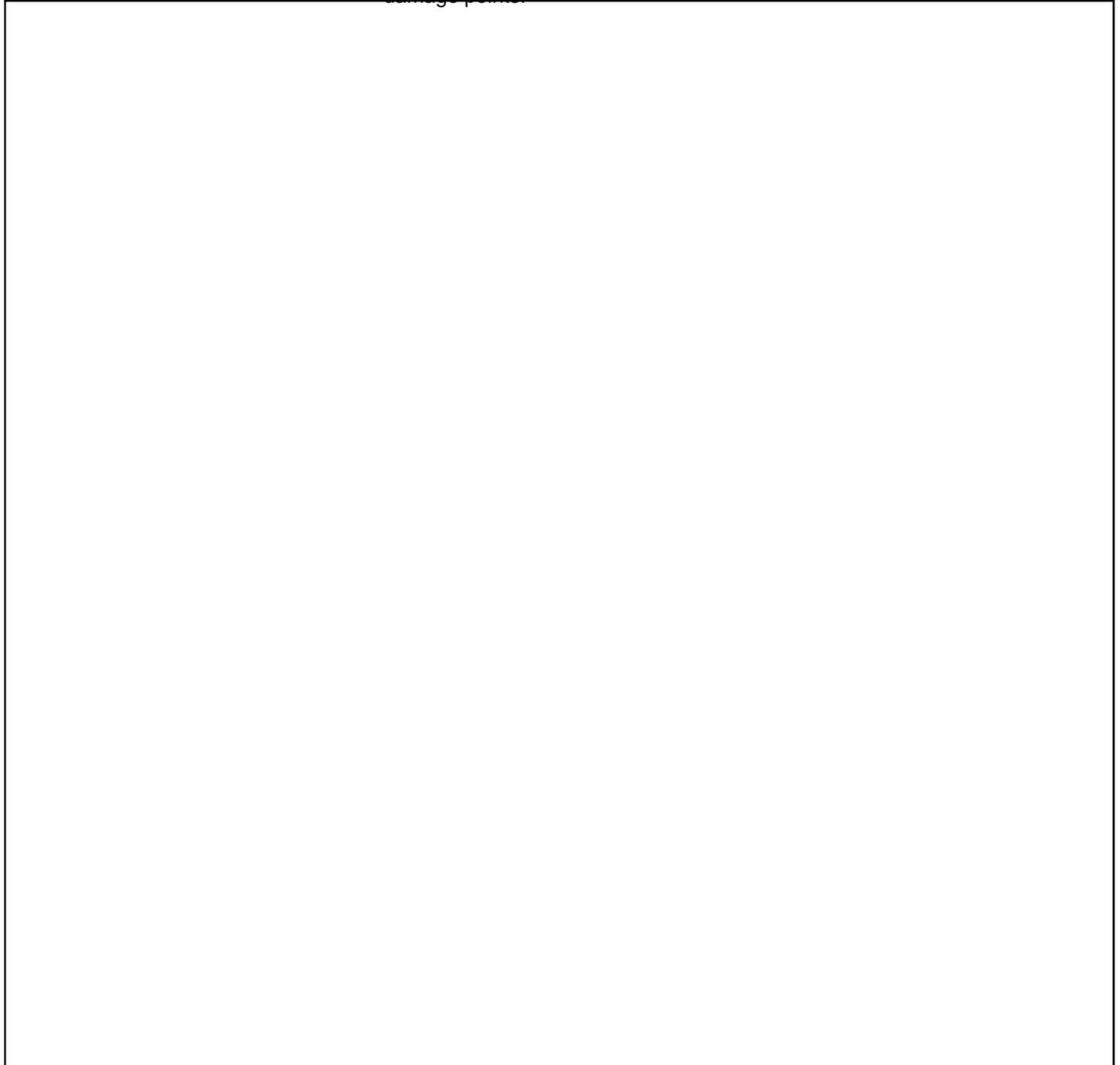
Attachments

Photographs Documents
 Sketches

Photo #s

Sketch (optional)

Provide a sketch or photograph of the building or damaged portions. Indicate damage points.



Estimated Building Damage

None 30-60%
 1-10% 60-90%
 10-30% 90-100%